

<b>MONITORING REPORT</b> <b>ADULT DAY CARE AND ADULT DAY HEALTH</b>
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DATE OF VISIT: \_\_\_\_\_

I. PROGRAM: \_\_\_\_\_ COUNTY: \_\_\_\_\_

II. TYPE OF VISIT: ( ) Announced ( ) Unannounced TIME OF VISIT: \_\_\_\_\_

 III. ENROLLMENT: # Full-time \_\_\_\_ # Part-Time \_\_\_\_ Month Reviewed \_\_\_\_\_  
 ATTENDANCE: # Participants at time of visit \_\_\_\_ # of Staff \_\_\_\_\_

IV. CONCERNS FROM PREVIOUS VISIT: \_\_\_\_\_

 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Have these concerns been resolved? ( ) YES ( ) NO (If no, complete DSS Form 6215)

V. AREA REVIEWED:

<b>Health Services – To be completed jointly with Adult Day Health Specialist</b>
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Yes	No	N/A	Health Care Coordinator Role
( )	( )	( )	Health Care Coordinator meets minimum qualifications listed under II. E. 3. of the <u>Standards</u> , Page 12.
( )	( )		If the center enrollment exceeds 10 people, the health care coordinator position is separate from the full-time program director [10A NCAC 06R .0305(d) and 06S .0204(a) <u>Standards</u> , Page 8.]
( )	( )		The health care coordinator is on site a minimum of four hours per day. [10A NCAC 06S .0204 <u>Standards</u> , Page 11.]
( )	( )		The health care coordinator is following the responsibilities listed under II. E. 2 of the <u>Standards</u> , Page 11.
( )	( )	( )	If the health care coordinator is an LPN, an RN is supervising this person at least once every two weeks. [10A NCAC 06S .0204 <u>Standards</u> , Page 12.]
( )	( )	( )	The day health home has a substitute or relief staff person to enable the day health home to remain open on days when the operator is not available to supervise the program. This substitute or relief staff meets the requirements for health care coordinators as set forth in the <u>Standards</u> . [10A NCAC 06S .0204(d) <u>Standards</u> , Page 13.]
<b>Staff Responsible for Personal Care in Adult Day Health Centers</b>			
( )	( )	( )	All Day Health Center staff providing personal care present evidence of either successful completion of Nurse's Aide, Home Health Aide or Equivalent Training course, or a minimum of 1 year of related experience before assuming such responsibility.
<b>Personnel in Adult Day Health Homes [10A NCAC 06S .0204 (d)]</b>			
( )	( )	( )	Minimum of one full-time equivalent staff person designated as having responsibility for direct participant care for two to five participants. The staff person with this responsibility may be the Operator or other designated paid staff.
( )	( )	( )	Operator or other designated paid staff meet the requirements listed in II. G. 2. of the <u>Standards</u> on Page 13.

*Continued on Back*

Make copies for DSS file; Program Director, and State Adult Day Services Consultant.

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Check Yes, No, or N/A (not applicable). If no, provide explanation.

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<b>Health Services (Continued)</b>
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Yes No N/A **Personnel in Adult Day Health Homes** (Continued)

- ( ) ( ) ( ) The day health home shall have substitute or relief staff to enable the day health home to remain open on days when the operator is not available to supervise the program. This substitute or relief staff shall meet the requirements for health care coordinators as set forth in II. E. 3. of the Standards, Page 12.

**Treatment Room/Medical Supplies and Equipment** [10A NCAC 06S .0301, Standards, Page 17.]

- ( ) ( ) The treatment room is enclosed and private from the rest of the facility.
- ( ) ( ) The treatment room has a sink, or a doorway which connects it to a room containing a sink.
- ( ) ( ) The treatment room contains a treatment table, storage cabinet for first aid, medical supplies and equipment, table or desk, and two chairs.
- ( ) ( ) The storage cabinet is kept locked.
- ( ) ( ) The facility has the required medical supplies and equipment as listed in the Standards, Page 17.

**Care Plans** [10A NCAC 06R .0501 and 06S .0401 Standards, Page 20]

- ( ) ( ) A sample of participant records shows individuals' have a written plan for services.
- ( ) ( ) The service plan has been updated at regular intervals.
- ( ) ( ) The service plan includes the needs of the person; the service goals for the person while in the day care program; activities the person will participate in; and the time limit for the plan, with provision for review and renewal.

**Health Care & Personal Care Services** [10A NCAC 06S .0403. Standards, Page 24]

- ( ) ( ) The health care and personal care services listed in the Standards, on page 24 are being provided.

**Medications** are covered in a separate monitoring report.

VI. COMMENTS/CONCERNS \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

*Attach an additional sheet if needed*

VII. PROGRAM DIRECTOR'S COMMENTS \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

VIII. Continued by ( ) DSS-6215 ( \_\_\_\_ # of forms)

IX. Signatures:

Coordinator	Date	Program Director	Date
Health Care Specialist			

Make copies for DSS file; Program Director, and State Adult Day Services Consultant.

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Check Yes, No, or N/A (not applicable). If no, provide explanation.